



# Simply Blue<sup>SM</sup> PPO HSA – Prescription Drug Coverage with \$5 Generic / \$25 Formulary (Preferred) Brand / \$50 Nonformulary (Nonpreferred) Brand Triple-Tier Copay Open Formulary Benefits-at-a-Glance proposed for

## GREENVILLE PUBLIC SCHOOLS

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible, copay and /or coinsurance. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

**Specialty Pharmaceutical Drugs** – The mail order pharmacy for **specialty drugs** is Walgreens Specialty Pharmacy, LLC, an independent company. Specialty prescription drugs (such as Enbrel<sup>®</sup> and Humira<sup>®</sup>) are used to treat complex conditions such as rheumatoid arthritis, multiple sclerosis and cancer. These drugs require special handling, administration or monitoring. Walgreens Specialty Pharmacy will handle mail order prescriptions only for specialty drugs while many network retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to Medco. (Medco is an independent company providing pharmacy benefit services for Blues members.) A list of specialty drugs is available on our Web site at [bcbsm.com](http://bcbsm.com). Log in under *I am a Member*. If you have any questions, please call Walgreens Specialty Pharmacy customer service at 1-866-515-1355.

We will not pay for more than a 30-day supply of a covered prescription drug that BCBSM defines as a "specialty pharmaceutical" whether or not the drug is obtained from a **90-Day Retail Network provider** or mail-order provider. We may make exceptions if a member requires more than a 30-day supply. BCBSM reserves the right to limit the initial quantity of select specialty drugs. Your copay will be reduced by one-half for this initial fill (15 days).

### Member's responsibility (copays)

Your Simply Blue HSA prescription drug benefits, including mail order drugs, are subject to the same deductible and same coinsurance/copay dollar maximum required under your Simply Blue HSA medical coverage. Benefits are not payable until after you the Simply Blue HSA annual deductible. After you have satisfied the deductible you are required to pay applicable prescription drug fixed dollar which are subject to your annual coinsurance/copay dollar maximums.

**Note:** Fixed dollar copays apply once the deductible has been met.

		90-day retail network pharmacy	* Network mail order provider	Network pharmacy (not part of the 90-day retail network)	Non-network pharmacy
<b>Tier 1 – Generic or prescribed over-the-counter drugs</b>	1 to 30-day period	\$5 copay	\$5 copay	\$5 copay	\$5 copay <i>plus</i> an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	\$10 copay	No coverage	No coverage
	84 to 90-day period	\$10 copay	\$10 copay	No coverage	No coverage
<b>Tier 2 – Formulary (preferred) brand-name drugs</b>	1 to 30-day period	\$25 copay	\$25 copay	\$25 copay	\$25 copay <i>plus</i> an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	\$50 copay	No coverage	No coverage
	84 to 90-day period	\$50 copay	\$50 copay	No coverage	No coverage
<b>Tier 3 – Nonformulary (nonpreferred) brand-name drugs</b>	1 to 30-day period	\$50 copay	\$50 copay	\$50 copay	\$50 copay <i>plus</i> an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	\$100 copay	No coverage	No coverage
	84 to 90-day period	\$100 copay	\$100 copay	No coverage	No coverage

**Note:** Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law.

\* BCBSM will not pay for drugs obtained from non-network mail order providers, including Internet providers.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



**Covered services**

	<b>90-day retail network pharmacy</b>	<b>* Network mail order provider</b>	<b>Network pharmacy (not part of the 90-day retail network)</b>	<b>Non-network pharmacy</b>
FDA-approved drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay	Subject to Simply Blue HSA medical deductible and prescription drug copay	Subject to Simply Blue HSA medical deductible and prescription drug copay	Subject to Simply Blue HSA medical deductible and prescription drug copay <b>plus</b> an additional 20% prescription drug out-of-network copay **
Prescribed over-the-counter drugs – when covered by BCBSM	Subject to Simply Blue HSA medical deductible and prescription drug copay	Subject to Simply Blue HSA medical deductible and prescription drug copay	Subject to Simply Blue HSA medical deductible and prescription drug copay	Subject to Simply Blue HSA medical deductible and prescription drug copay <b>plus</b> an additional 20% prescription drug out-of-network copay **
State-controlled drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay	Subject to Simply Blue HSA medical deductible and prescription drug copay	Subject to Simply Blue HSA medical deductible and prescription drug copay	Subject to Simply Blue HSA medical deductible and prescription drug copay <b>plus</b> an additional 20% prescription drug out-of-network copay **
FDA-approved <b>generic</b> prescription contraceptive medication (non-self-administered drugs and devices are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	75% of approved amount less plan copay
FDA-approved <b>brand name</b> prescription contraceptive medication (non-self-administered drugs and devices are not covered)	Subject to Simply Blue HSA medical deductible and prescription drug copay	Subject to Simply Blue HSA medical deductible and prescription drug copay	Subject to Simply Blue HSA medical deductible and prescription drug copay	Subject to Simply Blue HSA medical deductible and prescription drug copay <b>plus</b> an additional 20% prescription drug out-of-network copay **
Disposable needles and syringes – when dispensed with insulin or other covered injectable legend drugs <b>Note:</b> Needles and syringes have no copay.	Subject to Simply Blue HSA medical deductible and prescription drug copay for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay for the insulin or other covered injectable legend drug <b>plus</b> an additional 20% prescription drug out-of-network copay **

\* BCBSM will not pay for drugs obtained from non-network mail order providers, including Internet providers.

\*\* The 20% prescription drug out-of-network copay will not be applied toward your Simply Blue HSA deductible or annual coinsurance/copay dollar maximum.



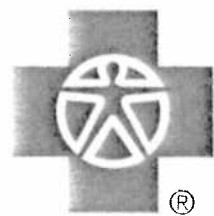
## Features of your prescription drug plan

<p><b>BCBSM Custom Formulary</b></p>	<p>A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the formulary is to provide members with the greatest therapeutic value at the lowest possible cost.</p> <ul style="list-style-type: none"> <li>▪ <b>Tier 1 (generic)</b> – Tier 1 includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay, making them the most cost-effective option for the treatment.</li> <li>▪ <b>Tier 2 (preferred brand)</b> – Tier 2 includes brand-name drugs from the Custom Formulary. Preferred brand name drugs are also safe and effective, but require a higher copay.</li> <li>▪ <b>Tier 3 (nonpreferred brand)</b> – Tier 3 contains brand-name drugs not included in Tier 2. These drugs may not have a proven record for safety or as high of a clinical value as Tier 1 or Tier 2 drugs. Members pay the highest copay for these drugs.</li> </ul>
<p><b>Prior authorization/step therapy</b></p>	<p>A process that requires a physician to obtain approval from BCBSM <b>before</b> select prescription drugs (drugs identified by BCBSM as requiring prior authorization) will be covered. <b>Step Therapy</b>, an initial step in the Prior Authorization process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require prior authorization. Details about which drugs require Prior Authorization or Step Therapy are available online at <a href="http://bcbsm.com">bcbsm.com</a>. Log in under <i>I am a Member</i> and click on <i>Prescription Drugs</i>.</p>
<p><b>Mandatory maximum allowable cost drugs</b></p>	<p>If your prescription is filled by a network pharmacy, and the pharmacist fills it with a brand-name drug for which a generic equivalent is available, you <b>MUST</b> pay the <b>difference</b> in cost between the BCBSM approved amount for the brand-name drug dispensed and the maximum allowable cost for the generic drug <b>plus</b> your applicable copay regardless of whether you or your physician requests the brand name drug. <b>Exception:</b> If your physician requests and receives authorization for a nonpreferred brand-name drug with a generic equivalent from BCBSM and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your applicable copay.</p> <p><b>Note:</b> This MAC difference will not be applied toward your annual in-network deductible, nor your annual coinsurance/copay maximum.</p>
<p><b>Drug interchange and generic copay waiver</b></p>	<p>BCBSM's drug interchange and generic copay waiver programs encourage physicians to prescribe a less-costly generic equivalent.</p> <p>If your physician rewrites your prescription for the recommended generic or OTC alternate drug, you will only have to pay a generic copay. In select cases BCBSM may waive the initial copay after your prescription has been rewritten. BCBSM will notify you if you are eligible for a waiver.</p>
<p><b>Quantity limits</b></p>	<p>To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits. A list of these drugs is available at <a href="http://bcbsm.com">bcbsm.com</a>.</p>



Blue Cross Blue Shield of Michigan

# Custom Formulary Quick Guide for Members



*To ensure the quality and cost-effectiveness of medications, your employer, sponsor, health plan administrator or retirement group has selected a prescription drug plan with a formulary. A formulary is a list of drugs that your doctor refers to when prescribing your medications. All the drugs on the BCBSM formulary are approved by the Food and Drug Administration.*

*This guide can help you be a more informed patient. It is not intended to take the place of your doctor's advice. Please talk to your doctor about your drug options.*

## Generic drugs offer the best value

Prescription drugs can be costly, but many are now available as generics. Generic drugs work the same as brand-name drugs, but cost less. Depending on your drug benefit, using generic drugs may lower your copayment. The FDA requires that generic drugs have the identical active ingredients as the equivalent brand-name drugs, but they may differ from brand-name drugs in color and shape. Since the major difference between brand-name and generic drugs is price, your prescription will be filled with the generic equivalent when medically appropriate.

## Guide lists most commonly prescribed drugs

Our formulary lists medications available to BCBSM members who have a triple-tier or closed (managed) formulary benefit. The formulary represents the clinical judgment of physicians, pharmacists and other experts in the diagnosis and treatment of disease and promotion of health.

This guide lists drugs most commonly prescribed for BCBSM members; it is not a complete listing of drugs on our formulary. It encourages you and your doctor to select drugs recognized as the safest and most effective. Referring to this guide can help you understand how your drug copayment works and save money on your prescriptions.

## Tier 1 – Generic

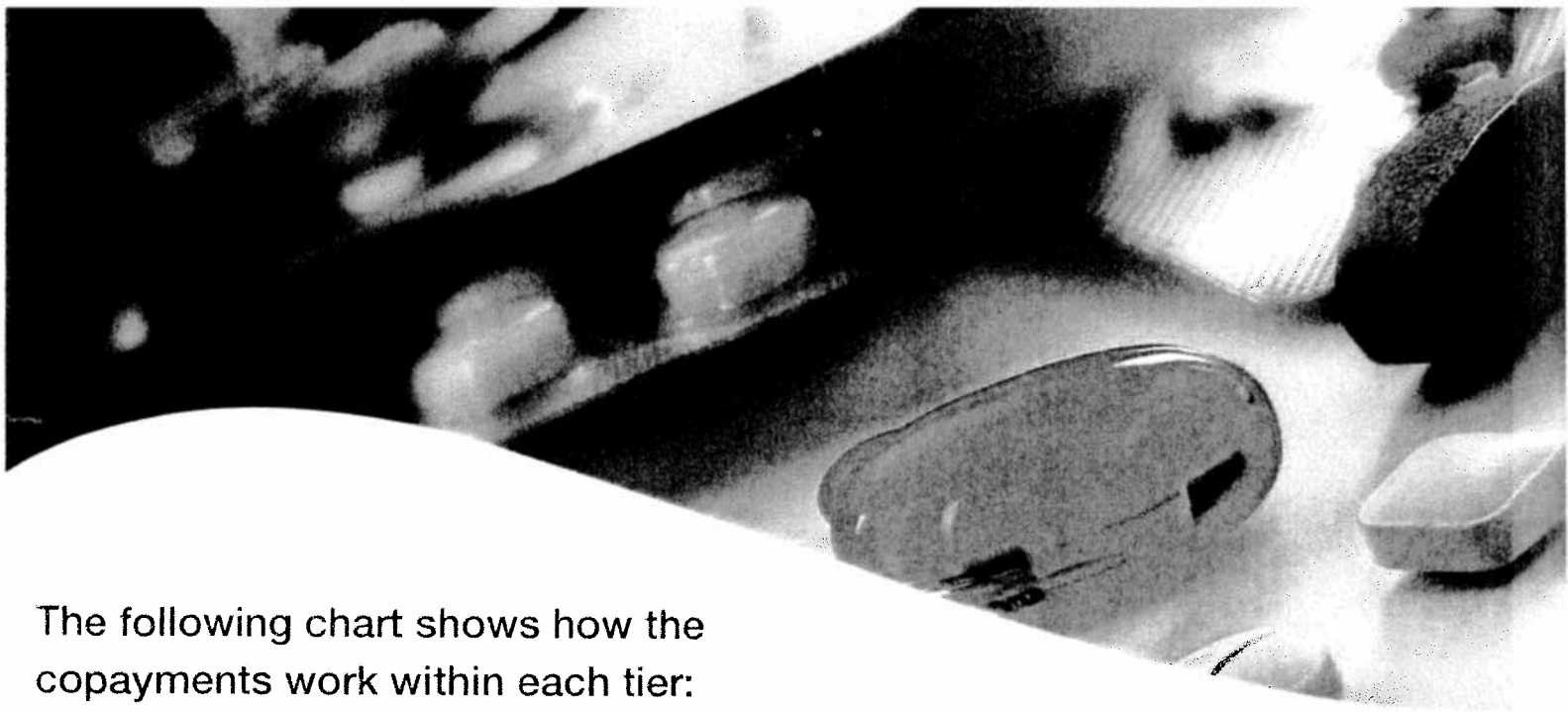
Tier 1 drugs are generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same ways as equivalent brand-name drugs. Generic drugs have a proven record of effectiveness. They also require the lowest copayment, making them the most cost-effective option for treatment. Look for these drugs under “Tier 1 – Generic” in this guide. Please note that the generics are listed according to their better-known brand-names. Depending on your drug benefit, select over-the-counter products may be covered under Tier 1.

## Tier 2 – Formulary (preferred) brand

Tier 2 drugs are brand-name drugs included in the formulary. Tier 2 drugs are also safe and effective but require a higher copayment than Tier 1 drugs. Look for these drugs under “Tier 2 – Formulary (preferred) brand” in this guide.

## Tier 3 – Nonformulary (nonpreferred) brand

Tier 3 drugs are brand-name drugs not included in the formulary. If you have a triple-tier benefit, you will pay the highest copayment for these drugs. If you have a closed (managed) formulary benefit, these drugs will not be covered. However, generic equivalents and similar drugs with generic equivalents or formulary (preferred) brand-name alternatives are available for many of these drugs. If you wish to know if it is possible to have your prescription changed to one of the products with a lower copayment, consult with your physician to see if a change is appropriate for you. Look for these drugs under “Tier 3 – Nonformulary (nonpreferred) brand” in this guide.



The following chart shows how the copayments work within each tier:

Tier	Triple-tier plan	Two-tier closed (managed) formulary plan
Tier 1 – Generic	Lowest copayment	Lower copayment
Tier 2 – Formulary (preferred) brand	Higher copayment	Higher copayment
Tier 3 – Nonformulary (nonpreferred) brand	Highest copayment	Not covered*

\* Not covered without medical necessity authorization

## Understanding your prescription drug benefit

BCBSM drug plans do not cover certain types of medications and medical supplies, including:

- Drugs used for experimental or investigational purposes
- Cosmetic drugs
- Vaccines given solely to resist infectious diseases
- Therapeutic devices and appliances, such as asthma devices (These may be available under your medical coverage.)

**Note:** BCBSM may provide coverage for a few select over-the-counter medications with a prescription as a first-step treatment for members who have drug plans with prior authorization and step therapy or for members enrolled in our Pharmacy Initiative program. These OTC medications are included in the *BCBSM Custom Formulary* and are covered at the appropriate copayment amount.

Your drug plan may not cover nonformulary brand-name (Tier 3) drugs, contraceptive medications and certain health, habit and reproductive drugs. Please refer to your specific plan description for details.

## Authorization and clinical criteria

BCBSM monitors the use of certain medications to ensure our members receive the most appropriate and cost-effective drug therapy. Prior authorization for these drugs means that certain clinical criteria must be met before coverage is provided. In the case of drugs requiring step therapy, for example, previous treatment with one or more formulary drugs may be required. Drugs that must meet clinical criteria are identified in the formulary list with (PA/ST). If your prescription drug plan requires prior authorization or step therapy, your physician can contact our pharmacy help desk to request prior authorization for these drugs.

The criteria for authorization are based on current medical information and the recommendations of the Blues' Pharmacy and Therapeutics Committee, a group of physicians, pharmacists and other experts. You may be required to pay the full cost of the drug if your physician does not obtain prior authorization.

When your doctor prescribes a brand-name drug that's nonformulary, requires prior authorization, or is not covered under your drug rider, it may not be a covered benefit. BCBSM reviews all physician and member requests to determine if the drug is medically necessary and that there aren't equally effective alternative drugs on the formulary.

Please call the Customer Service number on the back of your BCBSM ID card if you have questions about your drug coverage, a drug claim or filing a benefit exception.

## Filling your prescription

There are two ways to fill your prescription:

- **At a retail pharmacy**

More than 2,400 retail pharmacies in Michigan and 60,000 retail pharmacies outside of Michigan participate with BCBSM. You may fill prescriptions at any participating pharmacy.

- **Mail order (home delivery)**

If you are enrolled in a mail order program, you can receive your prescriptions through one of our mail order vendors. The type of medication you take determines which mail order vendor you use:

- Specialty drugs should be ordered through Walgreens Specialty Pharmacy. Specialty drugs are prescription medications used to treat complex conditions and require special handling, administration or monitoring.
- All other drugs should be ordered through Medco.

If you have questions about which mail order vendor you should use to order your drug, or if you would like to request a mail order kit, please contact the Customer Service phone number on the back of your BCBSM ID card.

## Call if you need more information

If you have questions about your prescription drug benefit, please call the Blue Cross Blue Shield of Michigan Customer Service number on the back of your BCBSM ID card.



## BCBSM Custom Formulary Quick Guide

### Allergy, Asthma, and Respiratory

#### Tier 1 – Generic

Accolate (g) QL  
Accuneb (g)  
Alupent (g)  
Atrovent Nasal, Solution (g) QL  
Brethine (g)  
DuoNeb (g)  
Flonase (g) QL  
Intal Solution (g)  
Mucomyst (g)  
Nasacort AQ (g) PA/ST QL  
Nasalide (g)  
Nasarel (g)  
Proventil/Ventolin Solution, Tab (g)  
Pulmicort 0.25mg, 0.5mg/2ml (g) QL  
Uniphyll (g)  
Vospire ER (g)  
Xopenex 1.25mg/0.5ml (g)

#### Tier 2 – Formulary (preferred) Brand

Advair Diskus, HFA QL  
Alvesco QL

Asmanex QL  
Atrovent Inhaler QL  
Combivent QL  
Dulera QL  
Flovent HFA, Diskus QL  
Foradil QL  
Maxair Autohaler QL  
Proair HFA QL  
Pulmicort 1mg/2ml, Flexhaler QL  
QVAR QL  
Serevent Diskus QL  
Singulair QL  
Spiriva QL  
Symbicort QL  
Theo-24  
Ventolin HFA QL

#### Tier 3 – Nonformulary (nonpreferred) Brand

Arcapta Neohaler QL  
Aerobid, M QL  
Beconase AQ PA/ST QL  
Brovana QL  
Daliresp PA/ST QL  
Nasonex PA/ST QL

Omnaris PA/ST QL  
Perforomist QL  
Proventil HFA QL  
Rhinocort Aqua PA/ST QL  
Veramyst PA/ST QL  
Xopenex, HFA QL  
Zyflo, CR QL

### Antidepressants

#### Tier 1 – Generic

Anafranil (g)  
Asendin(g)  
Celexa (g)  
Desyrel (g)  
Effexor, XR (g)  
Elavil (g)  
Etrafon (g)  
Limbital, DS (g)  
Luvox (g)  
Maprotiline (g)  
Nardil (g)  
Norpramin (g)  
Pamelor/Aventyl (g)  
Parnate (g)

Paxil, CR (g)  
Prozac (g)  
Prozac Weekly (g) QL  
Remeron, Soltab (g)  
Serzone (g)  
Sarafem Pulvule (g)  
Sinequan/Adapin (g)  
Surmontil (g)  
Tofranil, PM (g)  
Venlafaxine ER (g)  
Vivactil (g)  
Wellbutrin, SR, XL (g)  
Zoloft (g)

#### Tier 2 – Formulary (preferred) Brand

Lexapro PA/ST  
Surmontil 100mg

#### Tier 3 – Nonformulary (nonpreferred) Brand

Ancobon  
Aplenzin PA/ST  
Cymbalta PA/ST  
Emsam  
Fluoxetine 60mg QL

**(PA/ST)** – Prior authorization or Step Therapy may be required

**(g)** – Drug is available as generic equivalent but is listed by its brand-name

**(QL)** – Quantity limits may apply

**(s)** – Specialty drug

**(OTC)** – Over-the-counter product may be covered as Tier 1 (generic) copayment.

Should a Tier 2 formulary (preferred) brand-name drug lose its patent and generic versions become available, the generic versions are added to Tier 1 and the brand version may become a Tier 3 nonformulary (nonpreferred) brand.



# BCBSM Custom Formulary Quick Guide

Livox CR PA/ST  
Marplan  
Olepto ER PA/ST  
Pexeva PA/ST  
Pristiq PA/ST  
Sarafem tablet  
Viibryd PA/ST QL

## Antifungals

### Tier 1 — Generic

Diflucan (g)  
Grifulvin V Susp (g)  
Lamisil Tabs (g)  
Loprox all forms (g)  
Lotrimin (g)  
Lotrisone Cream, Lotion (g)  
Monistat-Derm (g)  
Mycelex Troche (g)  
Mycostatin (g)  
Nizoral tab, cream, shampoo (g)  
Nystatin, w/triamcinolone (g)  
Penlac (g)  
Spectazole (g)  
Sporanox Caps (g)  
Vfend (g)

### Tier 2 — Formulary (preferred) Brand

Ancobon  
Grifulvin V 500mg  
Gris-Peg  
Noxafil  
Sporanox Solution  
Vfend suspension

### Tier 3 — Nonformulary (nonpreferred) Brand

Ertaczo  
Exelderm Soln, Cream  
Extina  
Lamisil Granules  
Mentax  
Naftin  
Oravig QL  
Oxistat  
Vusion  
Xolegel, Corepak

## Antihistamines and Decongestants

### Tier 1 — Generic

Astelin nasal spray (g) QL  
Atarax, Vistaril (g)  
Benadryl (g)  
Claritin, D, Alavert (OTC) (g) OTC  
Periactin (g)  
Phenergan, VC (g)  
Polaramine (g)  
Rynatan, Suspension (g)  
Tavist-RX (g)  
Xyzal tabs, solution (g) QL  
Zyrtec, D (OTC) (g) OTC

### Tier 2 — Formulary (preferred) Brand

Astebro Nasal Spray QL

### Tier 3 — Nonformulary (nonpreferred) Brand

Allegra ODT  
Allegra Susp  
Clarinex (all) PA/ST QL  
Patanase QL  
Semprex-D

## Anti-infectives

### Tier 1 — Generic

Adoxa (g) PA/ST  
Amoxil (g)  
Ampicillin (g)  
Augmentin, ES, XR (g)  
Bactrim, DS/Septa, DS (g)  
Biaxin, XL (g)  
Ceclor, ER (g)  
Ceftin (g)  
Cefzil (g)  
Cipro, XR (g)  
Cleocin (g)  
Dicloxacillin (g)  
Duricef (g)  
Erythromycin (g)  
Erythromycin Stearate, Base (g)  
Floxin (g)  
Hiprex, Urex (g)  
Keflex (g)  
Levaquin (g)  
Macrobid (g)  
Macrodantin (g)  
Mandelamine (g)  
Minocin, Dynacin (g) PA/ST  
Monodox (g)  
Neomycin (g)  
Omnicef (g)  
Pediazole (g)  
Penicillin VK (g)  
Periostat (g)  
Pyridium (g)  
Solodyn 45, 90, 135MG (g) PA/ST  
Spectracef (g)  
Sulfadiazine (g)  
Tetracycline (g)  
Trimethoprim (g)  
Vantin (g)  
Vibramycin, Vibratabs (g)  
Zithromax (g)

### Tier 2 — Formulary (preferred) Brand

Avelox, ABC  
TOBI QL <s>  
Vancocin  
Zyvox

### Tier 3 — Nonformulary (nonpreferred) Brand

Cayston PA/ST QL  
Cedax  
Dificid QL  
Doryx 150mg PA/ST  
Factive  
Keflex 750mg  
Ketek  
Monurol  
Moxatag  
Noroxin  
Oracea PA/ST  
Oraxyl  
PCE  
Proquin XR  
Raniclor  
Solodyn 55, 65, 80, 105, 115MG PA/ST  
Suprax  
Xifaxan  
Zmax

## Bladder Control

### Tier 1 — Generic

Bentyl (g)  
Ditropan, XL (g)  
Levbid (g)  
Levsin, SL (g)  
Levsinex (g)  
Pro-Banthine (g)  
Sanctura (g)  
Urispas (g)

### Tier 2 — Formulary (preferred) Brand

Detrol, LA

### Tier 3 — Nonformulary (nonpreferred) Brand

Enablex  
Gelnique QL  
Oxytrol QL  
Sanctura XR  
Toviaz QL  
Vesicare

## Cardiovascular (Heart and High Blood Pressure)

### Tier 1 — Generic

Accupril/Accuretic (g)  
Aceon (g)  
Agrylin (g)  
Aldactone/Aldactazide (g)  
Aldomet/Aldoril (g)  
Altace capsules (g)  
Amicar (g)  
Arixtra (g) <s>  
Betapace, AF (g)  
Blocadren (g)  
Bumex (g)  
Caduet (g)  
Calan/Isoptin, SR (g)  
Capoten/Capozide (g)  
Cardene (g)  
Cardizem, CD, SR (g)  
Cardizem LA (g) [except 120mg]  
Cardura (g)  
Catapres, TTS (g)  
Cordarone (g)  
Coreg (g)  
Corgard (g)  
Cozaar/Hyzaar (g)  
Corzide (g)  
Coumadin (g)  
Demadex (g)  
Diamox, Sequels (g)  
Digoxin Tabs, Elixir (g)  
Diuril (g)  
Dynacirc (g)  
Heparin (g) <s>  
Hygroton, Thalitone (g)  
Hytrin (g)  
Inderal, LA/Inderide (g)  
Inspra (g)  
Imdur (g)  
Ismo, Monoket (g)  
Isordil (g)  
Kerlone (g)  
Lasix (g)  
Lopressor, HCT (g)  
Lotensin, HCT (g)  
Lotrel (g)  
Lovenox (g) <s>  
Lozol (g)  
Mavik (g)

Maxzide/Dyazide (g)

Mexitil (g)  
Microzide, Hydrodiuril (g)  
Midamor (g)  
Minipress (g)  
Moduretic (g)  
Monopril, HCT (g)  
Nitroglycerin (all) (g)  
Nitrolingual spray (g)  
Normodyne (g)  
Norpace (g)  
Norvasc (g)  
Persantine (g)  
Pindolol (g)  
Plendil (g)  
Pletal (g)  
Prinivil/Zestril (g)  
Prinzide/Zestoretic (g)  
Proamatine (g)  
Procardia, XL/Adalat CC (g)  
Pronestyl, SR (g)  
Quinidex (g)  
Quinidine Gluconate SA (g)  
Reserpine (g)  
Rythmol, SR (g)  
Sectral (g)  
Sular (g)  
Tambocor (g)  
Tarka (g)  
Tenormin/Tenoretic (g)  
Tenex (g)  
Tiazac (g)  
Ticlid (g)  
Toprol XL (g)  
Trental (g)  
Univasc/Uniretic (g)  
Vasotec/Vaseretic (g)  
Verelan, PM (g)  
Zaroxolyn (g)  
Zebeta (g)  
Ziac (g)

### Tier 2 — Formulary (preferred) Brand

Benicar, HCT PA/ST  
Bidil  
Covera-HS  
Edecrin  
Effient  
Dilatrate-SR  
Dyrenium  
Lovenox 300mg/3ml <s>  
Mephyton  
Multaq QL  
Nitro-Bid ointment  
Nitrostat  
Norpace CR  
Plavix  
Pradaxa QL  
Tikosyn  
Xarelto QL

### Tier 3 — Nonformulary (nonpreferred) Brand

Aggrenox  
Altace Tabs  
Arnturnide  
Atacand, HCT PA/ST  
Avapro/Avalide PA/ST  
Azor  
Brilinta QL  
Bystolic PA/ST  
Cardene SR

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Cardizem LA 120mg  
Coreg CR  
Diovan, HCT PA/ST  
Dynacirc CR  
Edarbi PA/ST QL  
Exforge, HCT  
Fragmin <s>  
Innopran XL  
Levator  
Micardis, HCT PA/ST  
Nexiclon XR PA/ST QL  
Nitromist  
Ranexa  
Tekamlo QL  
Tekturna, HCT PA/ST  
Teveten, HCT PA/ST  
Tribenzor QL  
Twynsta  
Valturna

## Central Nervous System

### Tier 1 – Generic

Adderall, XR (g)  
Ariccept, ODT (g)  
Clozaril (g)  
Concerta (g)  
Desoxyn (g)  
Dexedrine (g)  
Eskalith, CR/Lithobid (g)  
Exelon cap (g)  
Focalin (g)  
Haldol (g)  
Lithium Citrate (g)  
Loxitane (g)  
Mellaril (g)  
Methylin Solution, ER (g)  
Navane (g)  
Nimotop (g)  
Perphenazine (g)  
Procentra (g)  
Prolixin (g)  
Razadyne, ER, Solution (g)  
Risperdal, M-tab (g)  
Ritalin, SR; Methylin, ER (g)  
Stelazine (g)  
Thorazine (g)  
Zyprexa, Zydis (g)

### Tier 2 – Formulary (preferred) Brand

Abilify, Discmelt, Solution  
Exelon Patch, Solution  
Geodon  
Metadate CD  
Namenda, Solution  
Orap  
Provigil QL  
Rilutek  
Seroquel

### Tier 3 – Nonformulary (nonpreferred) Brand

Ariccept 23mg PA/ST QL  
Cognex  
Daytrana  
Fanapt  
Fazaclo  
Focalin XR  
Horizant PA/ST QL  
Intuniv PA/ST QL  
Invega QL  
Kapvay PA/ST QL  
Latuda  
Methylin Chew

Nuvigil QL  
Ritalin LA  
Saphris QL  
Savella PA/ST QL  
Seroquel XR QL  
Strattera  
Symbyax  
Vyvanse PA/ST  
Xyrem PA/ST QL

## Cholesterol - Lowering

### Tier 1 – Generics

Caduet (g)  
Colestid (g)  
Fibricor (g)  
Lipitor (g)  
Lofibra (g)  
Lopid (g)  
Mevacor (g) QL  
Pravachol (g) QL  
Questran, Light (g)  
Zocor (g) QL

### Tier 2 – Formulary (preferred) Brand

Crestor PA/ST QL  
Niaspan  
Tricor  
Welchol  
Zetia QL

### Tier 3 – Nonformulary (nonpreferred) Brand

Advicor PA/ST  
Altoprev PA/ST QL  
Antara  
Colestid Flavored  
Fenofibrate  
Lescol, XL PA/ST QL  
Lipofen  
Livalo PA/ST  
Lovaza  
Simcor PA/ST  
Triglide  
Triplix PA/ST  
Vytorin PA/ST QL

## Diabetes Treatment

### Tier 1 – Generic

Amaryl (g)  
Diabinese (g)  
Fortamet (g)  
Glucophage, XR (g)  
Glucotrol, XL (g)  
Glucovance (g)  
Glynase (g)  
Metaglip (g)  
Micronase/Diabeta (g)  
Orinase (g)  
Precose (g)  
Starlix (g)  
Tolinase (g)

### Tier 2 – Formulary (preferred) Brand

Actoplus Met  
Actos  
Apidra  
Duetact  
Insulin (all)  
Janumet  
Januvia QL  
Lantus  
Levemir  
Prandin

### Tier 3 – Nonformulary (nonpreferred) Brand

Actoplus Met XR  
Avandamet  
Avandaryl  
Avandia  
Byetta PA/ST QL  
Cycloset PA/ST QL  
Glumetza  
Glyset  
Onglyza QL  
Prandimet  
Riomet  
Symlin  
Tradjenta PA/ST QL  
Victoza PA/ST QL

## Gastrointestinal Agents

### Tier 1 – Generic

Axid (g)  
Carafate Tabs, Susp (g)  
Cytotec (g)  
Pepcid (g)  
Prevacid, Solutab (g)  
Prilosec (g)  
Prilosec (OTC) (g) OTC  
Protonix (g)  
Tagamet (g)  
Zantac (g)  
Zegerid RX (g)

### Tier 2 – Formulary (preferred) Brand

Helidac  
Prevpac

### Tier 3 – Nonformulary (nonpreferred) Brand

Aciphex PA/ST  
Dexilant PA/ST  
Nexium PA/ST  
Prilosec Suspension  
Protonix Suspension  
Pylera  
Vimovo PA/ST QL  
Zantac Efferdose  
Zegerid Packet PA/ST

## Hormones and Birth Control

### Tier 1 – Generic

Activella (g)  
Alesse, Levite (g)  
Androxy 10mg (g)  
Aygestin (g)  
Climara (g) QL  
Cyclessa (g)  
Danocrine (g)  
Delatestryl (g)  
Demulen (g)  
Depo Provera (150mg) (g)  
Depo-Testosterone (g)  
Desogen, Ortho-Cept (g)  
Estrace (g)  
Estratest, HS (g)  
Erostep Fe (g)  
Femcon Fe (g)  
Femhrt 1mg-5mcg (g)  
Lo/Ovral (g)  
Loestrin, Fe (g)  
Lybrel (g)  
Mircette (g)  
Modicon (g)  
Necon 10/11 (g)

Nordette, Levien (g)  
Norinyl, Ortho-Novum - 1/35, 1/50 (g)  
Ogen, Ortho-Est (g)  
Ortho Micronor, Nor-QD (g)  
Ortho Tri-Cyclen (g)  
Ortho-Cyclen (g)  
Ortho-Novum 7/7/7 (g)  
Ovcon-35 (g)  
Ovral (g)  
Oxandrin (g) PA/ST  
Plan B (g)  
Progesterone in oil (g)  
Provera (g)  
Seasonale (g) QL  
Seasonique (g) QL  
Tri-Norinyl (g)  
Triphasil, Trilevien (g)  
Vivelle (g) QL  
Yasmin (g)  
Yaz (g)

### Tier 2 – Formulary (preferred) Brand

Alora QL  
Androderm QL  
Androgel QL  
Crinone  
Depo-SubQ Provera 104  
Endometrin  
Estraderm QL  
Estring QL  
Femhrt Lo  
Ortho Evra QL  
Ortho Tri-Cyclen Lo  
Premarin Cream  
Premarin, Low Dose  
Premphase  
Prempro, Low Dose  
Prochieve  
Prometrium  
Vagifem  
Vivelle-DOT QL

### Tier 3 – Nonformulary (nonpreferred) Brand

Anadrol-50 PA/ST  
Angeliq  
Axiron QL  
Beyaz  
Cenestin  
Climara Pro QL  
Combipatch QL  
Divigel QL  
Elestrin  
Ella QL  
Enjuvia  
Estrace Vaginal Cream  
Estrasorb QL  
Estrolog QL  
Evamist  
Femring QL  
Femtrace  
Fortesta  
Lo Loestrin Fe  
Loestrin 24 Fe  
Loseasonique QL  
Menest  
Menostar QL  
Methitest, Testred, Android  
Natazia  
Nuvaring QL  
Ortho-Prefest  
Ovcon-50, Fe

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Plan B One-Step  
Safyral  
Striant QL  
Testim QL  
Zytiga QL <s>

## Migraine

### Tier 1 — Generics

Amerge (g) QL  
Alsuma (g) QL  
Bupap (g)  
D.H.E. 45 (g)  
Fioricet/Esgic, Plus (g)  
Fiorinal, w/ codeine (g)  
Imitrex Tab, Injection, Spray (g) QL  
Midrin (g)  
Phrenilin (g)  
Stadol NS (g)  
Zebutal (g)

### Tier 2 — Formulary (preferred) Brand

Cafergot  
Ergomar  
Maxalt, MLT PA/ST QL  
Migranal QL  
Phrenilin Forte

### Tier 3 — Nonformulary (nonpreferred) Brand

Axert PA/ST QL  
Cambia PA/ST QL  
Frova PA/ST QL  
Relpax PA/ST QL  
Sumavel Dosepro PA/ST QL  
Treximet PA/ST QL  
Zomig, ZMT, Nasal Spray PA/ST QL

## Osteoporosis

### Tier 1 — Generics

Didronel (g) QL  
Estrogens (See Hormones and Birth Control)  
Fosamax, Weekly (g) QL  
Miacalcin nasal spray, Fortical (g)

### Tier 2 — Formulary (preferred) Brand

Actonel, Weekly, With Calcium PA/ST QL  
Estrogens (See Hormones and Birth Control)  
Evista  
Miacalcin injection

### Tier 3 — Nonformulary (nonpreferred) Brand

Atelvia PA/ST  
Boniva PA/ST QL  
Estrogens (See Hormones and Birth Control)  
Forteo PA/ST QL <s>  
Fosamax Plus D PA/ST QL

## Pain and Arthritis (anti-inflammatory)

### Tier 1 — Generics

Anaprox, DS (g)  
Ansaid (g)  
Cataflam (g)  
Clinoril (g)  
Daypro (g)  
Feldene (g)  
Indocin, SR (g)  
Ketoprofen (g)  
Lodine, XL (g)  
Meclomen (g)

Mobic (g)  
Motrin (g)  
Naprosyn, EC (g)  
Ponstel (g)  
Relafen (g)  
Tolectin, DS (g)  
Toradol (g) QL  
Voltaren, XR (g)

### Tier 2 — Formulary (preferred) Brand

Indocin supp  
**Tier 3 — Nonformulary (nonpreferred) Brand**  
Arthrotec  
Cambia QL  
Celebrex PA/ST  
Duexis PA/ST QL  
Flector PA/ST  
Naprelan, CR  
Pennsaid 1.5% topical solution PA/ST QL  
Vimovo PA/ST QL  
Voltaren Gel PA/ST QL  
Zipsor

## Prostate Health

### Tier 1 — Generic

Cardura (g)  
Flomax (g)  
Hytrin (g)  
Proscar (g)  
Uroxatral (g)

### Tier 2 — Formulary (preferred) Brand

Avodart  
Cialis PA/ST QL  
Jalyn QL

### Tier 3 — Nonformulary (nonpreferred) Brand

Cardura XL  
Rapaflo QL

## Sleep and Anxiety

### Tier 1 — Generic

Ambien, CR (g) QL  
Ativan (g)  
Buspar (g)  
Chloral hydrate (g)  
Dalmane (g) QL  
Halcion (g) QL  
Librium (g)  
Miltown, Equanil (g)  
Niravam (g)  
ProSom (g) QL  
Restoril (g) QL  
Serax (g)  
Sonata (g) QL  
Tranxene (g)  
Valium (g)  
Xanax, XR (g)

### Tier 2 — Formulary (preferred) Brand

None  
**Tier 3 — Nonformulary (nonpreferred) Brand**

Butisol Sodium  
Doral QL  
Edluar PA/ST QL  
Lunesta QL  
Rozerem QL  
Silenor PA/ST  
Tranxene SD  
Xyrem PA/ST QL  
Zolpimist PA/ST

## Additional Tier 3 — Nonformulary (nonpreferred) Brand

Abstral PA/ST  
Acanya  
Acuvail  
Aczone  
Akne-Mycin  
Alamast  
Alrex  
Altabax  
Amitiza PA/ST  
Ampyra PA/ST QL <s>  
Anzemet  
Apexicon E Cream  
Apriso  
Aranesp PA/ST <s>  
Armour Thyroid  
Avinza  
Azasite  
Azelex  
Azilect  
Benzacilin  
Benzashave, Brevoxyl-4,8 Pack  
Bepreve  
Besivance  
Betaseron PA/ST <s>  
Betimol  
Bromday  
Butrans PA/ST QL  
Carac  
Carmol HC  
Cesamet  
Cimzia syringe PA/ST <s>  
Clarifoam EF  
Clinac BPO  
Clobex  
Combigan  
Cutivate Lotion  
Denavir  
Depen  
Desonate  
Differin 0.1% lotion  
Dipentum  
Duac, CS  
Durezol  
Edex QL  
Efudex Occlusion  
Egrifta PA/ST QL <s>  
Emadine  
Embeda QL  
Epiduo  
Epogen PA/ST <s>  
Equetro  
Exalgo PA/ST QL  
Extavia <s>  
Fentora PA/ST QL  
Fexmid  
Finacea  
Gilenya PA/ST QL <s>  
Gralise PA/ST  
Halog  
Humatrope PA/ST <s>  
Increlex PA/ST <s>  
Iopidine Droperette  
Iquix  
Keppra XR  
Kineret PA/ST <s>  
Lamictal ODT, XR  
Lastacaft  
Lazanda PA/ST QL  
Levitra QL  
Lialda  
Lidoderm Patch  
Locoid Lipocream, Lotion  
Lotemax  
Lotronex PA/ST  
Luxiq  
Lyrica PA/ST  
Magnacet  
Maxidex  
Metozolv ODT  
Mirapex ER PA/ST QL  
Neulasta QL <s>  
Nevanac  
Nicotrol, NS  
Norditropin PA/ST <s>  
Noritate  
Nucynta, ER PA/ST QL  
Olux-E  
Omnitrope PA/ST <s>  
Onsolis PA/ST QL  
Opana ER QL  
Orapred ODT  
Orencia syringe PA/ST QL <s>  
Oxycontin QL  
Pandel  
Pataday  
Peranex HC  
Potiga  
Pramosone Lotion, Ointment, Cream  
Pred-G  
Protopick  
Rectiv QL  
Regranex  
Requip XL  
Rezira  
Rosula Foam  
Rybix ODT  
Ryzolt  
Saizen PA/ST <s>  
Sancuso PA/ST QL  
Serostim PA/ST <s>  
Simponi PA/ST <s>  
Solaraze  
Staxyn QL  
Taclonex, Scalp  
Targretin Gel <s>  
Tasmar  
Tev-Tropin PA/ST <s>  
Tirosint  
Tyzeka <s>  
Vanos Cream  
Vectical  
Verdeso  
Veregen  
Xenical  
Xerese  
Zanaflex caps  
Zelapar  
Ziana Gel  
Zorbtive PA/ST <s>  
Zuplenz PA/ST  
Zutripro  
Zyclara QL  
Zydone  
Zylet  
Zymar  
Zymaxid

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